

CORRESPONDENCE

“SIC”

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TERM ORIGINS

The expression “SIC” is commonly used in the anamneses that we perform and teach our students to perform. Many of them, when questioned about its meaning, explain it is an acronym, coming from the expression “Segundo Informa Consulente” (According to Information by Advice Seeker), repeating a semantic inexactitude which is been perpetuated by generation after generation of physicians. Besides, how could this acronym be in Portuguese, if it is used even in case reports in international literature?

In fact, SIC can be associated to the contraction of a Latin term, *sicut*, which means “as is; exactly in this way”. This expression can be found in ancient texts, among which we can quote a well-known religious antiphon: “... *Sicut erat in principio et nunc et semper, et in seculae seculorum...*”, that is, “As it was in the beginning, is now and will be forever...”.^{*} In reality, the objective is to say that the former expression is stated “*exactly in this way*” today and for eternity.

However, the classic Latin language also presents the adverb “SIC” as a sole term (although with a quite similar meaning to that of *sicut*), indicating that the former was transcribed the way it presents itself, or in the same degree or intensity it was informed. For example: “*sic deinceps omne opus*” (“*in this way all things happen*” – free translation). Besides, the lay press uses “SIC” to exempt itself from responsibility over the exactitude of transcriptions.

Is “SIC” REALLY NECESSARY IN THE ANAMNESIS REPORT?

Many among us advise our students and/or were advised to use the expression “SIC” in parentheses or in brackets after statements from patients or their informant that sound odd, wrong, or apparently incoherent with our judgment about a reported clinical condition. Well-regarded dictionaries in Portuguese¹ can refer this meaning. Thus, we can highlight that the patient reports a “*whining pain*” (SIC) in his/hers abdomen, or that the person who was seen reports a productive and yellowish cough and pleuritic thoracic pain of recent and sud-

den origin, denying fever (SIC). In other occasions, we use the term for information that cannot be proven, such as the performance of an examination (whose imaging or medical report we had no access to) that, presented itself normal the day before, (SIC).

However, the simple use of quotation marks in a patient’s statement already denotes that it was literally transcribed by the person who performed the anamnesis. Or still a brief note might indicate that the examination is not available (for example: “The patient reports being submitted to a thoracic radiological examination which was normal, and whose medical report or imaging have not been given to him/her”). In this way, there will be no real need of inserting a term whose only objective is to exempt the physician or the student from the responsibility of interpretation or of an objective and trustworthy evaluation of some registered piece of information.

Thus, it is possible to dispose of the term “SIC” in our documents, keeping them faithful and less “polluted”.

A POSSIBLE PEDAGOGICAL USE OF “SIC” IN MEDICAL TEACHING

We would like to report, however, an experience where “SIC” has been proving to be a quite valuable trigger for reflection and maturation in medical formation. A case discussion session was started some years ago at Hospital do Servidor Público de São Paulo with Medicine interns from Unicid. Based on problem-oriented strategies of teaching and learning^{2,3}, as well as clinical non-analytical⁴ reasoning, the case of a patient in the hospital is presented to an intern, followed by the discussion of possible applicable differential diagnoses, in face of the clinical and laboratorial manifestations reported. From this discussion, the objectives of study that will be developed during the subsequent week are established. In a later moment, the case is discussed once again, in the light of information gathered in the literature. In numerous cases, some data of the anamnesis, of the physical examination, or of the complementary investigation are apparently contradictory to the applicable diagnoses, or even the outcome of the discussion could not have been predicted by the study. Such “incoherences” are then further analysed, always having as a reference the context of the patient at stake,

* A nice example of the antiphon mentioned, which was sung in the Gregorian modality, can be found at: <http://www.youtube.com/watch?v=uhk-fEcqgcY>.

which obviously is a real and evident situation in the primary. After all, who among us has never heard expressions of a certain kind of dismay, such as: *"This case shows every sign of being a lung neoplasia, but the biopsy indicated tuberculosis..."* With time, the term came to denominate the Thursday afternoon "SIC Sessions" and it is often read-dressed, emphasizing that any theoretical-conceptual discussion, no matter how "pointless", must be constructed and understood under the real foundations of the clinic, even when it moves away from the study of the literature and the academic clinical reasoning.

After all, no ill person has the obligation to read Cecil before he/she is seen... SIC!

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